

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 4 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36356

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. Independence St. Independence Ward)

Registration District No. 398  
Primary Registration District No. 3019

File No. 358  
Registered No. 358

2. FULL NAME

Walter Kelly Lile  
(a) Residence, No. 10619 Barton St., Ward.  
(Usual place of abode) Logan Creek (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Lile  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1912  
7. AGE YEARS 21 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Missouri

13. NAME Matthew Lile  
14. BIRTHPLACE (CITY OR TOWN) Rayville Mo. (STATE OR COUNTRY)  
15. MAIDEN NAME Matilda Weddington  
16. BIRTHPLACE (CITY OR TOWN) Rayville (STATE OR COUNTRY) Missouri

17. INFORMANT Estil Lile (ADDRESS) 11119 Barton Logan Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Home DATE Nov 7 19 33

19. UNDERTAKER Funeral Home (ADDRESS) Independence Mo.

20. FILED Nov. 6 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 19 33  
22. I HEREBY CERTIFY That I attended deceased from 19 to 19  
I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Diffuse Body Burns  
Coal oil explosion  
181  
Other contributory causes of importance: 38

Name of operation Physical Date of No.  
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 11/3 19 33  
Where did injury occur? Independence Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Oil can exploded  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify Vincent Riley (Signed) 8. W. 3 - Lees Summit Mo. M. D.

